

Utah Behavioral Health Planning and Advisory Council
Preliminary Meeting Minutes
June 6th, 2019, 12:00 p.m.
Multi-Agency State Office Building, Room 2026
195 N 1950 W, Salt Lake City

“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”

COUNCIL MEMBERS PRESENT: Jeanine Park, James Park, Ken Rosenbaum, Adam Scherzinger, Jacob Russell, Ryan Hunsaker, Jane Lepisto, Jennifer Marchant, Lori Cerar, Rafael Montero, Rob Wesemann, Sigrid Nolte, Dan Braun, Peggy Hostetter, Lisa Hancock, and Andrew Riggle

DSAMH STAFF PRESENT: LeAnne Huff, Heather Rydalch

OTHERS PRESENT: Aubrey Myers, Nettie Byrne, Olivia Shakespeare, Karla Arroyo, Jeannette Villalta, Jason Jacobs

COUNCIL MEMBERS EXCUSED: Emily Bennett, MaryJo McMillen, Cyndie Moore, Donald Cleveland

Welcome, Introductions, March meeting minutes review, new member applications, and announcements:

Rob began the meeting and introductions were made around the room.

Rob asked for a motion to approve the minutes from May. Jane made a 1st motion to approve the minutes, Jeanine made a 2nd, all were in favor and the motion passed unanimously. Peggy pointed out how well done and detailed the meeting minutes are, Nettie thanked her for the compliment.

The Executive Committee approved the application of Aubrey Myers and his membership will be voted on at the July meeting. Aubrey works for DCFS in Davis County and also will be presenting to UBHPAC in July about Trauma Informed Care.

Nettie let the Council know that the July meeting will be moved to July 11th because of the 4th of July holiday the week prior. Nettie will send out a reminder as well.

Dan Braun: Dan was asked to share his story and investment in UBHPAC. Dan currently works at Wasatch Pediatrics as the Behavioral Health Director. He became involved with the council when he was the director of Alliance House. Dan appreciates that the council minds all levels of the system that affect supporting people; to the top, all the way to the individual work basis. He fully believes people can find total recovery and says it's so fun to be a part of that experience and to use those ideas in his own life. He feels that too many people have been held back because people have told them what they can and can't do, and he values the importance of working side-by-side with each other. and loves that our Council values that as well.

Nettie has asked Dave Wilde and Diana Aguilera to share at the July meeting.

Andrew Riggle, Public Policy Advocate, Disability Law Center: Utah Work Incentive Planning Services

Utah Work Incentive Planning offer services that are community work and service coordination; it's for folks who are receiving social security, disability, SSI, or title two benefits. The service is designed to help those who are thinking about working more or getting a job understand how working will affect their benefits. Starts with social security benefits for most people. Benefits counselor explains the program and what work incentives are in each program, talks about the impact on their benefits, and

then works with them to see if there are work incentives available in the program. A Job Planner will give clients all of the information and tools needed to help them decide in the program and will aid in getting on benefits quickly. It is funded by Vocational Rehab. There is an incredibly high demand for this system. Andrew will send Nettie a “snazzy” flyer to send to the Council. Everyone is welcome to call or email Andrew directly for questions or concerns. Local company number: 801-363-1347. One can also contact them with an online form on their website. They will meet with the client, go over the process with them, will do an intake with them (about goals, current employment, etc.), sign release forms, and then client will be provided with the most likely scenario for them. Client will walk out of the room with report and a work-incentive plan, if they desire. Afterwards, there will be a follow-up meeting based on the client and their need for assistance. For more information visit <https://jobs.utah.gov/usor/vr/services/uwips.html>

Open Discussion: Medicaid Expansion-

Peggy: UHPP has a lot of helpful information. <http://www.healthpolicyproject.org/>

Rob: If there is any kind of benefit cap, people with chronic illnesses will always hit the cap. Mental illness is a chronic condition. Work requirements are inconsistently complied and don't integrate with people's illness. What we should do is make appropriate work opportunities, even if there are accommodations for them.

Peggy: The real nasty thing is, you have to verify on a monthly basis that you are still working. If there is a glitch in your paperwork, it can kick you out for over a year and create trouble for people who need these benefits.

Andrew: In the waver, they say that if you're subject to the work requirement, you have to comply with the work requirement for the first three months for every twelve months you are subjected to. In the course of those three months, you need to apply for forty-eight jobs. There are fifty-three pages in the waver.

Peggy: If they cap, then they want to cap for the state. If we need more money from the Federal Government, they will say no due to the cap given in previous years.

Andrew: No, it's weirder than that. There is the per-person cap, and then there is the spending cap based on the program funding. Once the program funding hits the cap, it's closed and can't assist any more people. The total cap is up to the legislature. The category cap has given people more legal room, but we are worried about the cap the legislature is in charge of.

Peggy: The only thing that can get in the way of the legislature and their decision is with our comments and our voice to stop it.

Jane: Can you tell us what they want to change the Expansion to?

Rob: Based a lot on if/then scenarios. We're asking the federal government to do the 90-10 match. Be familiar with the handout. If we don't get any of the wavers, we fall back to the expansion plan. NAMI is concerned about the cut. We know people experiencing mental illness need long-term care. Work requirements are around DWS are more of a barrier.

Peggy: If this Expansion was passed (30 instead of 10), it will have to cut back on other services. We don't want this to go through.

Rob: We are on the Bridge program, which isn't the long-term bit. The cuts are theoretically coming from Medicaid. What we have to be careful of is the transition time. The challenge is: how do we replace the Medicaid funds? SB-96 was up to one hundred percent, which means we should have access to the Marketplace; not awesome and totally impossible. Medicaid should be able to cover up to 138%. Enrollment is far lower than what we were hoping.

Andrew: If you are an agency and are want to submit comments, please don't mention ideas to fix the program or make adjustments; it's all a part of the legal record. *Talked about the Kentucky case and how Kentucky did not respond adequately to the public comments.*

Rob: SB-96 passed. We need to comment on the waiver request. The government wants your comment on the 53-page document.

Andrew: Next November. These are not intended for the legislature or the Department of Health, it's directed at the Federal Government. The two major things are the cap and the work requirements, as well as the housing supports.

Rob: We can influence what this Medicaid Expansion could influence in our community. Nothing happened until the people said it's what they wanted, so we got something. We need to promote

people to sign up if they are eligible. Comments from individuals that have been/could be affected are the people the Federal Government wants to hear from.

Andrew: Kentucky got over 17,000 comments on their case, and that's what we need to do in Utah.

Dan: What can the average person do to promote enrollment?

Andrew: The easiest way is to post on your social media account (personal and company), add to your mailing lists and newsletters, and you could even put the link in your signature for emails (based on the legality, of course).

Karla: What are the basic things I should send out to my community? There is a fear in my community about getting their legal status taken away. People do not want to raise their voice because they are afraid it could affect them negatively.

Andrew: The fear often keeps eligible people from enrollment to get the help they need. The Trump administration will be caught up in litigation and won't take effect for years, if ever. If people need healthcare, strongly encourage them to apply. People need legal/permanent residency in order to be eligible for Medicaid. The only thing I can think of is to know that this isn't going to take effect for a long time, if ever, so encourage people to apply.

Leanne: Federal poverty level is about \$12,490 which is a yearly rate per person; one can find the information on Google.

Dan: Please send out a link to the Medicaid eligibility requirements.

Handouts from the meeting regarding Medicaid Expansion & Public Comment:

PUBLIC NOTICE

Utah 1115 Demonstration Application

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss a new section 1115 demonstration application. DMHF will also accept public comment regarding this demonstration application during the 30-day public comment period from May 31, 2019 through June 30, 2019.

DMHF is requesting authority to implement the provisions of Senate Bill 96 "Medicaid Expansion Adjustments", which passed during the 2019 Utah Legislative Session. DMHF will submit a new 1115 demonstration application to request authority to implement these provisions. The provisions of Senate Bill 96 include:

- Authority to receive the full Federal Medical Assistance Percentage (FMAP) allowable under 42 U.S.C. Section 1396d(y) for the Adult Expansion and Targeted Adult Populations
- Implement a per capita cap funding mechanism
- Implement a lock-out for committing an Intentional Program Violation for Medicaid
- Federal expenditure authority to provide housing related services and supports
- Allow up to 12-months of continuous eligibility for the Adult Expansion Medicaid population
- Not allowing hospitals to make presumptive eligibility determinations for the Adult Expansion Medicaid population
- Allow for managed care flexibilities.

In addition, the DMHF will also include in this request, to transition the following approved programs and provisions from Utah's approved 1115 Primary Care Network Demonstration, to this new application:

- Adult Expansion Population
- Targeted Adult Population, including dental benefits for Targeted Adults who are receiving substance use disorder (SUD) treatment

- Clinically managed residential withdrawal pilot for the Adult Expansion and Targeted Adult Populations only
- SUD treatment benefits for the Adult Expansion and Targeted Adult Populations only
- Enrollment limits for the Adult Expansion and Targeted Adult Populations
- Waiver of Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Implement a community engagement requirement under the full FMAP for the Adult Expansion Medicaid Population
- Provide premium reimbursement and wrap-around Medicaid coverage under full FMAP, to eligible Adult Expansion individuals who have access to employer-sponsored insurance

Public Hearings:

The DMHF will conduct two public hearings to discuss the demonstration application. The dates, times and locations are listed below:

- Thursday, June 6, 2019 from 2:00 p.m. to 4:00 p.m., during a special session of the Medical Care Advisory Committee (MCAC) meeting. This meeting will be held in room 125 of the Cannon Health Building located at 288 N 1460 W, Salt Lake City, Utah.
- Monday, June 17, 2019 from 4:00 p.m. to 6:00 p.m., in room 1020 of the Multi-Agency State Office Building located at 195 N 1950 W, Salt Lake City, Utah.

A conference line is available for both public hearings for those who would like to participate by phone: 1-877-820-7831, passcode 378804#.

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at 801-538-6338 by 5:00 p.m. on Tuesday, June 4, 2019.

Public Comment:

A copy of the DMHF's full public notice and proposed application is available online at <https://medicaid.utah.gov/1115-waiver>.

The public may comment on the proposed application request during the 30-day public comment period from May 31, 2019 through June 30, 2019.

Comments may be submitted:

Online: <https://medicaid.utah.gov/1115-waiver>

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health

Division of Medicaid and Health Financing

PO Box 143106

Salt Lake City, UT 84114-3106

Attn: Jennifer Meyer-Smart

Medicaid Expansion: At A Glance

March 2019

This chart outlines the provisions of Senate Bill 96 (2019 General Session). The Bridge Plan will take effect on April 1, 2019 and will remain in place until one of the other three options is approved by CMS. If the Per Capita Cap Plan does not receive federal approval by January 1, 2020, the Fullback Plan will be requested by March 15, 2020. If no waiver approval is received by July 1, 2020, then the State will implement the Full Expansion Plan.

Expansion Plan Provisions	Bridge	Per Capita Cap	Fullback	Full Expansion
Timeline	Effective April 1, 2019	Upon CMS Approval (Submit Waiver to CMS Spring 2019)	Upon CMS Approval (Submit Waiver to CMS by March 15, 2020)	July 1, 2020 (if needed)
Federal Poverty Level	100%*	100%*	138%	138%
Authority	Waiver	Waiver	Waiver	State Plan
Presumptive Eligibility (PE)	Yes	No Hospital PE	No Hospital PE	Yes
Self-Sufficiency Requirement (Work Requirement)	Yes (effective January 1, 2020)	Yes	Yes	No
Authority to Cap Expansion Enrollment	Yes*	Yes*	No	No
Lock-out for Program Requirements/Violations	No	Yes	Yes	No
Require Enrollment in Employer's Plan with Premium Reimbursement	Yes (effective January 1, 2020)	Yes	Yes	No
12-month Continuous Eligibility	No	Yes	No	No
Use Federal Funds for Housing Supports	No	Yes	No	No
Use of Federal Funds Limited by Per Capita Cap	No	Yes	No	No
Benefit Plan for Adults Without Dependent Children	Traditional Medicaid	Traditional Medicaid	Traditional Medicaid	ABP Traditional
Benefit Plan for Parents	Non-Traditional Medicaid	Non-Traditional Medicaid	Non-Traditional Medicaid	ABP Traditional
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	No	No	No	Yes
Dental Benefits	Emergency Only	Emergency Only	Emergency Only	Emergency Only
Funding (% federal/% state)	70/30	90/10**	90/10	90/10
Counties Provide Match for Behavioral Health	No	No	No	No
Delivery System	Fee for Service - except Parents 45-60% FPL (Managed Care after January 1, 2020 - Except Rural Counties)	Managed Care (except Rural Counties)	Managed Care (except Rural Counties)	Managed Care (except Rural Counties)

* SB 96 required provisions for implementation

**90% federal match available up to per capita cap limit

Break from 1:50 to 2:00 PM.

Subcommittee Reports:

Recovery: Heather, Lisa, Peggy, James, Jeanine, Adam, Jane, Jason, Robert, Ken

Recovery needs:

1. Sources of funding for programs for all of housing/peer services.
 2. Peers using their voice where needed which helps with funding. Funding is needed to pay Peer Supports what they are worth.
 3. MHBG is not adding funding to resource centers.
 4. Focus on funding for CPSS training for working with older adults.
 5. Need guidance on where to focus our efforts in this group.
 6. Education on Peer Support.
 7. Developing a program for Peer Support and older adults.
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Prevention: This subcommittee did not meet

Treatment: This subcommittee did not meet

Meeting adjourned at 2:50 PM

Next meeting will be July 11th 2019, 12:00 P.M.

Thank you for your support of the UBHPAC!

Accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.

The State has adopted a stipend policy that will pay for reasonable travel expenses related to consumers and advocates attendance at UBHPAC meetings. For more information please visit www.dsamh.utah.gov – Initiatives – Behavioral Health and Advisory Council – Information & Forms – UBHPAC Stipend Policy.

All meeting minutes and recordings are posted on the Public Notice website at:
<https://www.utah.gov/pmn/sitemap/publicbody/51.html>